FEDERAL SECURITY AGENCY MISSOURI DIVISION OF HEALTH National Office of Vital Statistics STANDARD CERTIFICATE OF DEATH FILED OCT 30 19 Registrar's No. 911 Registration District No. Primary Registration District No.... 1. PLACE OF DEATH: 2. USUAL RESIDENCE OF DECEASED. (a) State Missouri PERMANENT RECORD \_\_\_\_\_ (b) County St. Louis 1701 B S. 9th St. Mo. Baptist Hosp. (d) Street No.... (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (If rural, give location) (e) Terrigen of foreign country? (Yes or No) In this community..... years, months or days) If yes, name country, MEDICAL CERTIFICATION 3. (c) PRINT FULL NAME Emil Hoffmann 20. DATE OF DEATH, Month Oct. 3. (b) If veteran. 3. (c) Social Security No. name war... -MAKE 21. I hereby certify that I attended the deceased from\_ 5. Color or 6. (c) Single, widowed, married me White 4 Sex Male Marriel and that death occurred on the date and hour stated above. 6. (b) Name of husband or wife ...... 6. (c) Age of husband or wife if Duration Maud 58 November 1878 20 7. Birth date of deceased..... (Month) (Day) (Year) 8. AGE: Years Months Days If less than one day 69 11 Unknown Switzerland £ 9. Birthplace (City, town, or county)
Tinner (State or foreign country) Other conditions Usual occupation.. (Include pregnancy within 3 months of 11. Industry or business. PHYSICIAN Major findings: John Hoffmann 12. Name..... 13. Birthplace Unknown Switzerland Unknown" (State or foreign country) should be 14. Maiden name... charged sta-Unknown Unknown tistically. 15. Birthplace..... 22. If death was due to external causes, fill in the following: (City, town, or county) (State or foreign country) Maud Hoffmann (a) Accident, suicide, or homicide (specify)...... 16. (a) Informant..... 1701 B., S. 9th St. (b) Date of occurrence. (b) Address. Buriel (b) Date thereof 10/25/48 (c) Where did injury occur?..... 17. (a) . (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Month) (Day) (Year) (c) Place: burial or cremation New St. Marcus Cemetery 18. (a) Signature of funeral director. Wacker - Helder le (Specify type of place)
(a) Means of injury... 3634 Gravois Ave. (b) Address. (Licensed Embalmer's Statement on Reverse Side)



Licensed Embalmer No.

P. O. Address

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by	
working under my personal supervision.	Registered Apprentice No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.